Guidance Document

WASHINGTON Medical Commission
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Communicating Diagnostic Test Results and Time Critical Information to Patients and Practitioners

Introduction

Effective communication is a critical component of medical care. Quality patient care requires that study results are conveyed in a timely fashion to those responsible for treatment decisions and those patients or guardians who must make informed choices. Communication should:

a) Be tailored to satisfy the need for timeliness;
b) Identify and communicate clearly the critical nature of the findings
c) Identify responsibility to inform the patient;
d) Encourage health care practitioner communication; and
e) Minimize the risk of communication errors.

Various factors and circumstances unique to a clinical scenario may influence the methods of communication between those caring for the patient. Timely receipt of the report is as important as the method of verification and delivery method.

The Washington Medical Commission issues this guideline to emphasize the responsibility of all practitioners to identify and responsibly communicate Time Critical Medical Information (TCMI) in a timeframe and manner that assures the usefulness of the information for quality patient care. This guideline also recognizes the shared responsibility of administrators, referring practitioners, treating practitioners and interpreting practitioners to design and use support systems to document the timely communication and receipt of TCMI.

Similarly, patients deserve to receive their test results and an adequate explanation of the results in a timely manner. Failure to do so can cause unnecessary worry and lead to serious consequences for the patient.

The term “test results” in this guideline refers to diagnostic test results. In response to a provision in the 21st Century Cures Act, the Department of Health and Human Services completed a federal rule in 2022 mandating patient access to their health records in electronic format while also prohibiting the practice of information blocking. With the near instant patient access to test results, it becomes essential that practitioners are not only notifying patients of results, but proactively reaching out to make sure there is a clear understanding on the part of the patients. Communication with the patient regarding the implications and the next steps suggested or required by the results should be prioritized for continuity of care.

Guidelines for Practitioner-to-Practitioner Communication

Practitioners who provide TCMI should, in a collaborative fashion with interested parties, identify TCMI and establish transmission and verification policies for TCMI in order to assure timely care and patient safety. Communication of information is only as effective as the system that conveys the information. There is a reciprocal duty of information exchange. The referring practitioner or treating practitioner shares the responsibility for obtaining results of studies ordered. Formulating transmission and verification of test results requires the commitment and cooperation of administrators, referring practitioners, and interpreting practitioners. Practitioners should identify and communicate who will be responsible for informing the patient. In reporting TCMI, the practitioner should expedite the delivery of a TCMI (preliminary or final) in a manner that reasonably assures timely receipt and verification of transmission of the results.

Guidelines for Practitioner-to-Patient Communication

All practitioners should have an effective system that will ensure timely and reliable communication of test results to patients and appropriate follow-up. While the system will vary depending on the type of practice, the Commission recommends that it be in writing and, at a minimum, contain the following elements:

1. Clear definitions to distinguish between test results that are routine and test results that are critical.
2. A mechanism by which the ordering physician is notified of the receipt of critical test results from the diagnosing physician, if not the same practitioner.
3. A process to communicate the test results to the patient in a timely manner—whether in writing, electronic, telephonic or in person (depending on preference indicated by the patient)—that ensures the patient receives the test results.
    a. Communication should be in a format and in language that is easily understood by the patient to include communicating at an accessible education level.
    b. The medical record should reflect who made the communication, how the communication was made, and when the communication was made.
    c. Communication should comply with the privacy requirements of the Health Insurance Portability and Accountability Act and Washington State law.
4. Confirmation that the patient received the test results. Verification of receipt should be documented in the medical record.
5. Clear instructions to the patient to enable the patient to contact the practitioner and ask questions about the test results and schedule a follow-up appointment with the practitioner. The instructions should be documented in the medical record.
6. If the test results indicate that treatment may be necessary, the ordering practitioner should discuss potential options with the patient and initiate treatment.
7. When the ordering practitioner is unavailable, there must be a qualified designee who will assume responsibility to receive test results, notify the patient, and initiate appropriate clinical action and follow up.

8. The system should not depend solely on the attentiveness of human beings but be backed up by technology or processes that prevent test results from being missed, lost or inadequately communicated to the ordering physician or to the patient.

Additional Guidance and Scenarios

Situations that may require non-routine communication

1. **Findings that suggest a need for immediate or urgent intervention**:

   Generally, these cases may occur in the emergency and surgical departments or critical care units and may include diagnostic evidence of a malignancy including new suggestive imaging findings, pneumothorax, pneumoperitoneum, or a significantly misplaced line or tube, critical time sensitive laboratory values, and pathology results that may represent critical or potentially life-threatening medical information.

2. **Findings that are conflicting with a preceding interpretation of the same examination and where failure to act may adversely affect patient health:**

   These cases may occur when the final interpretation is contradictory with a preliminary report or when significant discrepancies are encountered upon subsequent review of a study after a final report has been submitted.

3. **Findings, including imaging studies and laboratory results, that the interpreting physician reasonably believes may be seriously adverse to the patient's health and are unexpected by the treating or referring physician:**

   These cases may not require immediate attention but, if not acted on, may worsen over time and possibly result in an adverse patient outcome.

Methods of communication

Communication methods are dynamic and varied. It is important, however, that non-routine communications be handled in time to provide the appropriate care to the patient. Communication by telephone or in person to the treating or referring practitioner or representative is appropriate and assures receipt of the findings. There are other forms of communication that provide documentation of receipt which may also demonstrate communication has been delivered and acknowledged. The system of communication must identify a responsible person and method to confirm that TCMI was received by an appropriate person involved with the patient's care and by the patient. Merely posting the results in the electronic medical record may not be sufficient in situations where time is critical to a safe and positive outcome.

Documentation of non-routine communications

Documentation of communication of TCMI is best placed contemporaneously in the patient's medical record. Documentation preserves a history for the purpose of substantiating certain findings or events. Documentation may also serve as evidence of such communication, if later contested.

Resources

Information Blocking, Centers for Medicare Services, Department of Health and Human Services, rule from 45 CFR Part 171, accessed October 30, 2024. Information Blocking | HealthIT.gov

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